

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DB	10-11-CX	
O.I.P.E. CLASSIFIER	8	101700	
FORMALITY REVIEW	CW	11-16-00	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/20/00
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10	✓
11	✓
12	✓
13	✓
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25	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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